	SERIAL NO.	FILING DATE
MULTIPLE DEPENDENT CLAIM		
FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)	APPLICANT(S)	

				- Chili F		
	AS F			TER	AF	TER
			1st AME IND.	DEP.	2nd AME IND.	DEP.
	END.	DEP.	IND.	DEP.	110.	ULF.
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TOTAL IND.	5_		L			
TOTAL DEP.	18	<b>—</b>				_ ←
TOTAL	92	Sec. 3.70				
TOTAL	23		<u> </u>	6.7.3.2		

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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FORM **PTO-1360** (REV. 3-78)